

The Department for Medicaid Services

Division of Long Term Care & Community Alternatives



KENTUCKY MEDICAID HOME AND COMMUNITY BASED WAIVER PROGRAM

CHANGES EFFECTIVE JULY 1, 2005

HCBW PROGRAM

Adult Day Health Care Center's (ADHC's) will be allowed to do Assessment/Reassessment and Case Management. Beginning July 1, 2005, the claims payment system will allow provider type 43 to submit claims for these services.

HCBW PROGRAM

Additional licensed professionals may be utilized to provide Assessment/Reassessment and Case Management services:

- Licensed Marriage and Family Therapist (LMFT);
- Licensed Professional Clinical Counselor (LPCC);
- and
- Certified Psychologist with Autonomous Functioning
or Licensed Psychologist Practitioner.

HCBW PROGRAM

In preparation for upcoming consumer directed services and allowing the ADHC's to provide Assessment/Reassessment and Case Management, the care planning process and completion of the MAP-109 will now be part of Case Management. Completion of the MAP-109 will no longer be part of the Assessment/Reassessment process. DMS will add a unit to case management to include care planning and completion of the MAP-109.

HCBW PROGRAM

HCBW recipients have freedom to choose the agency that will provide their waiver services (including Assessment/Reassessment and Case Management). Recipients can choose whether Assessments/Reassessments and Case Management are provided by an HCBW provider or an ADHC provider.

HCBW PROGRAM

If a member requests that a provider conduct the Assessment/Reassessment but chooses another provider to provide Case Management - the provider conducting the Assessment/Reassessment will call for verbal level of care. That provider will then have twenty-four (24) hours to forward the MAP 351A to the provider who will provide Case Management.

HCBW PROGRAM

The MAP-351A has been revised to include a section to allow the recipient to choose consumer directed option. This section will not be completed until consumer directed option has been implemented.

There have also been some changes to the signature section at the end of the form. The ADHC will no longer sign off on forms completed by the HCBW provider. A section has been added to provide for signatures and dates in the case where a 351A is completed by an agency and forwarded to another agency for Case Management and care planning.

HCBW PROGRAM

The MAP-109 has been revised to accommodate the implementation of consumer directed option at a later date. HCBW and ADHC providers will complete the first part of the form which has remained the same. You will not be required to complete the CDO sections of the form. The entire form, including the portions that were not completed should be submitted to the QIO.

DMS is extending the packet submittal timeframe from fourteen (14) days to twenty-one (21) days.

HCBW PROGRAM

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